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Worlding Shiatsu Therapy: Circumventing the East-West Dichotomy in a Comparative Ethnographic Project

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Abstract

Within the social sciences, Asian medicines emerged as potent rejoinders to early models of globalization which equated it with a one-sided ‘Westernization,’ demonstrating that global cultural flows were multi-directional and could not be assimilated under a ‘West-rest’ framework (Hsu and Hoeg 2002; Scheid 2002). Nonetheless, as ethnographers and social scientists began attending to issues in the transmission and acculturation of knowledge within globalizing Asian medicines, a particular pattern became commonly observed: in their countries of origin, medical practices such as ayurveda, shiatsu, or Chinese medicine were increasingly rationalized, while in North American or European contexts they were frequently psychologized or spiritualized (Barnes 1998; Adams 2002; Taylor 2004; Warriar 2009). While such a patterning is quite plausible, if adopted as an analytic frame it could have the effect of re-inscribing Orientalist tropes that structure the global field in terms of dichotomized East-West difference.

This article, drawing upon my own multi-sited ethnographic study of trainee shiatsu therapists in both Canada and Japan, explores some analytic approaches to help address this concern within multi-sited fieldwork projects that straddle ‘East-West’ boundaries. In particular, it describes ways of re-calibrating comparison by attending to multiple productions of difference within and across research sites. It further makes use of Mei Zhan (2009)’s notion of ‘worlding’ to examine diverse instantiations of the East-West dichotomy articulated by my informants, and how they are key to the ongoing global production (and transformation) of shiatsu therapy. In this way, the article describes

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strategies to enable researchers to remain sensitive to the salience of discursive constructs such as the East-West dichotomy to their informants, even as they avoid reproducing them uncritically within their own analyses.

Keywords: East-West dichotomy, multi-sited ethnography, cultural comparison, worlding, global Asian medicines, shiatsu therapy

Introduction

In this article I discuss some of the conceptual challenges of implementing a multi-sited ethnographic study of *shiatsu* therapy with sites in both Canada and Japan. In particular, I consider how such a project might be implicated in re-inscribing dichotomizing Orientalist tropes that are productive of geographies of ignorance (van Schendel 2002) and of anti-emancipatory constraints upon our knowledge production. I explore some analytic approaches that have helped me to address these concerns: principally, ‘recalibrating comparison’ by attending to multiple productions of difference within and across geographical localities; and then by engaging with Mei Zhan (2009)’s notion of ‘worlding.’ This leads me to re-work my conceptual model of shiatsu therapy, to think of it not as a bounded traditional medicine which has globalized and entered new locales, as much as something that emerges through diverse forms of global encounter and which is reproduced unevenly and re-imagined along the way. I suggest that such analytic tools might usefully destabilize the power of discursive constructs such as the East-West dichotomy to structure the epistemology of scholarly projects, while nonetheless enabling these projects to be sensitive to the ongoing salience of such constructs to our informants and the processes of social formation they are enmeshed in.

Background

My project began as an ethnographic investigation of tactility as a mode of medical perception. I was interested in how practices of trained touch might complement or contest the visual basis of anatomical and physiological knowledge central to biomedicine, and so I chose to conduct my study among students and practitioners of *shiatsu*. Shiatsu

is a form of manual therapy which emerged in Japan, and is often characterized as “pressure point massage.” Therapists use their thumbs and palms to apply sustained pressure to specific points distributed across the body surface in order to alleviate pain and to promote healing. I wanted to learn about how these actors elaborate and cultivate tactility in their training and practices, and what therapeutic and subjective resources this provides them with. Doing so, I felt, would contribute to a larger anthropological project of investigating the cultural variability of the human sensorium, and might usefully reveal ways in which certain assumptions about the senses are implicated in scientific knowledge production.

Shiatsu therapists make interesting informants in part because of the ways that their practices negotiate between quite divergent medical ontologies. Briefly: shiatsu took shape in Japan in the early decades of the twentieth century. This was during a time of still-considerable transition within Japanese society, and the emerging shiatsu community reflected within itself some of the currents that were shaping intellectual thought within that climate. In particular, the power of scientific medicine, both politically (in terms of its endorsement by the state) and epistemologically (in terms of the convincingness of its categories and knowledge-making practices), brought about multiple forms of re-organization and repositioning within the herbal medicine, acupuncture and manual therapy professions. The emergence of a broad field recognized as “traditional medicine” is itself one of the “cultivated misunderstandings” (Taylor 2004) and uneven effects that are part of the colonial extension of scientific and biomedical power. In this new mapping of the medical field, “science” maintained distinct contours as a “Western” mode of knowledge production, as opposed to the “Eastern” assemblage of ‘traditional’ techniques and understandings.

There were, of course, eminently capable Japanese physicians and medical researchers, some of whom were advocates for traditional medicines (Okutsu 2006). Whether one was an opponent or proponent however, one needed to contend with the powerful epistemological categories of biomedicine. Some early shiatsu innovators sought to position their therapy as one that was both ‘modern’ and ‘scientific,’ and many hoped that research into the functioning of the autonomic nervous system or the fascial architecture might lend scientific validity to the “pressure points” and “meridians” of traditional theory. The hoped-for grand synthesis has not emerged, however. Instead, what

has happened has been the production of different factions and styles within the shiatsu community, with one notable cleavage being that between meridian stylists—those who felt that shiatsu was a part of the East Asian medical tradition, concerned with assessing imbalances in the flow of *ki* within the meridians, and intervening to improve that flow—contrasted with those who felt that shiatsu was anatomical therapy, and that its effectiveness could be articulated within the scope of physiology, via descriptions shorn of traditional medical concepts.

In the 1970s as shiatsu began to go global, an interesting pattern emerged which structured its extension. Meridian shiatsu, which drew on the resources of traditional East Asian medical theory, became more widespread in North America and Europe, while in Japan, the anatomical model of shiatsu came into ascendancy. There was also a notable 'spiritualization' of shiatsu in its transfer to North American and European shores. The book 'Zen Shiatsu' by Masunaga Shizuto became widely influential, leading to the incorporation of meditative techniques into shiatsu training and of body-mind holism and depth psychology into its discourse (Masunaga 1970). This broad pattern seems consistent with those observed for the reproduction of Ayurvedic medicine in the U.K (Warrier 2009), and of Chinese medicine in the United States (Barnes 1998), in that global Asian medicines in both countries are frequently re-imagined as 'spiritualized' or 'psychologized' therapies with the potential to support processes of self-discovery among a largely middle-class clientele, while they retain a more remedial orientation in their countries of origin (cf. Adams 2002). Clearly, this pattern owes something to imaginaries which portray the 'East' as a cipher or a remedy for problems of the 'Western self' (Clarke 1997, 29), and their role in shaping desires as well as markets for the fulfillment of those desires.

Still, there is a tendency in some of these studies (e.g. Warrier 2009; Adams 2002) to present rather homogenized portraits of Asian medicines, and to frame them in overt narratives of contrast that re-draw East-West lines: Ayurveda in Britain is packaged in one way, while in Sri Lanka it is packaged in another. In the former it is exoticized, in the latter it is rationalized. On the one hand, this cartography is plausible, and might be seen to be speaking to the social effects of Orientalist imaginaries. There is some statistical support for it as well, in terms of the stated affiliations of practitioners in surveys (e.g. Long 2007) which show that with respect to shiatsu, a majority of practitioners in UK and

Austria practice meridian shiatsu, and of those a significant proportion incorporate components derived from spiritual traditions into their practice¹. Yet it also seemed to me to be too pat, and that when stated so baldly it might have the effect of re-inscribing the notion of this 'East-West' social field as being one that is fixed in structure and organized in terms of diametric contrast. Perhaps this is in part a question about the abstracting necessary when writing from a large analytic scale, but certainly, in the case of shiatsu in Toronto such an approach was belied by the diversity which was in evidence if one had a good enough look around.

Shiatsu's position in the medical marketplace in Toronto was fairly complex: in 2008, when I was beginning to conceptualize this project, there were six rival professional associations in the province of Ontario alone, which upheld diverse positions across a range of issues. There were a number of schools, some of whose curricula taught East Asian medical theory in an overtly spiritualized form (such as by utilizing Buddhist chanting and meditation as part of their professional self-cultivation), others that taught it in a more secular form, while still others taught an anatomical and scientific approach that rejected the validity of meridian theory completely. Numerous practitioners were involved in various types of research into shiatsu, some at universities, some in institutes they had founded themselves; and the practitioner population was fairly diverse as well, reflecting the multi-cultural makeup of Canada's largest city.

My initial aim in doing an anthropological project about shiatsu was to engage with diversely situated practitioners in Toronto. But I was soon encouraged to cast my net more widely partly in order to dis-embed me from the local site with which I had some familiarity; but also in order to sample this transnational diversity and to explore the circumstances of its global production. Thus I re-imagined my project as a multi-sited one, based in the Kansai region of Japan and the Greater Toronto Area, guided in part by this apparent pattern in the global extension of shiatsu.

¹ The most prominent English-language textbook on meridian shiatsu, recommended on numerous websites and widely utilized in shiatsu schools where meridian shiatsu is taught, closes its foreword with this: "The heart of shiatsu is that, when we give it with body and mind unified, we embody truth" (Beresford-Cooke 2003: ix).

The Problem

It seemed that such a project might have a few slippery spots to navigate. One was the continued salience of the aforementioned science/tradition binary for many shiatsu practitioners and commentators combined with their easy slippage into using that distinction as a proxy for essentialized East-West difference. Second was the issue highlighted above, about social science studies that might unwittingly reinforce such notions through an insufficiently reflexive practice of framing their comparisons in terms of geography. This also seemed connected to a third issue, a tendency noted by scholars such as Jennifer Robertson (2005) and Sonia Ryang (2004), for some social science writing to re-inscribe popular ideas of Japanese homogeneity. Such representations are problematic for how they misrepresent diversity and mask sites of contestation. They are, in other words, examples of 'colonial' assumptions that can structure social science knowledge production.

It bears pointing out that dyads and dichotomies are not necessarily problematic in their own right. Our analyses are always premised on contingencies: vast areas are relegated to the background in order to bring into relief those features that we wish to analyze (Shimizu 2006, 17). Yet static tropes of comparison (such as the East-West dichotomy) can breed a too-easy habit of referral which masks our choice of epistemological frame in a veneer of the ontological. I found this happening to myself in the early phase of my project, when in grant proposals and other pieces of exploratory writing I deployed the “meridian shiatsu in the West, anatomical shiatsu in Japan” formula as a convenient shorthand for what I knew was a more complex state of affairs, albeit one I didn’t yet have a better way of framing.

Japanese writers and translators of traditional medical material into English have largely rallied around the term “Oriental Medicine” to distinguish Japanese varieties from the traditional medicines of other East Asian countries, such as “Traditional Chinese Medicine.” In writing about this ‘Oriental Medicine,’ I was keen to avoid practicing medical orientalism. So in structuring my project as a multi-sited one consisting of one site in the Greater Toronto Area and one in the Kansai region of Western Japan, I wanted to enact strategies that would help me to guard against importing orientalist structures into my analysis. To do this, I needed to recalibrate how ‘comparison’ would be deployed

within my study. Two analytic strategies I followed to help me do this were: first, attending to ‘processes’ instead of ‘traits,’ and in particular, attending to processes of differentiation that occurred within geographical localities; and second, ‘tracing’ how such differences created multiple axes of comparison that were not reducible to geographical, ‘East-West’ terms. I will describe below how such a recalibration of comparison enabled me to recognize various contours of differentiation within my field site; and how this in turn enabled me to make sense of Mei Zhan (2009)’s notion of ‘worlding,’ which I utilize in closing to show how my informants’ own use of East-West dichotomizing can be taken up in my representations without compromising my analysis.

Recalibrating Comparison

To begin with, I started reflecting on the work of ‘comparison.’ Comparison has a somewhat vexed history within Anthropology. From being part of the discipline’s *raison d’être* at the time of its founding, the comparative method has come under scrutiny for a number of reasons. One such reason was the issue of *place*: where early anthropologists assumed that the boundaries of their field sites could be taken for granted and that they made for ready units of comparative study, subsequent reflection undermined this notion (Hirsch et al. 2010, 27). Attention to the historicity of political processes of boundary-making, and in particular, to the role of colonial power in such processes, brought to the fore the issue of the anthropologist’s potential complicity in re-inscribing boundaries drawn for the benefit of colonial administrators and other elites. This political consciousness came to inform the epistemological sensibilities of much anthropological research, as a concern for representing local worlds placed anthropological knowledge production in tension with larger-scale regional models and mapmaking projects from other branches of the social sciences.

An aspect of that concern for representing local lived realities which prompted further critical assessments of the comparative method came from changing anthropological accounts of ‘culture.’ Clifford Geertz’s (1973) call for thick description proposed that cultural practices needed to be understood in terms of their being embedded within a network of institutions and practices based on a shared symbolic order. Disembedding them from their local context for the purpose of comparison inevitably

truncated their richness and stripped them of much of what made them meaningful to the people who participated in them. But Geertz's position itself came under scrutiny for its over-reliance upon social consensus, and the work this did to elide contestation and negotiation within processes of cultural production and change (Hirsch et al. 2010, 29; cf. Abu-Lughod 1991). As this critique took hold, culture in Anthropology could no longer be seen as unitary, but rather as a site of negotiation between differently-positioned stakeholders. The emphasis turned to documenting sites of contestation and the role of power in shaping social processes, and the ways in which appearances of uniformity get produced and sustained. The term "culture" itself came under scrutiny for precisely this reason, as its invocation was seen to elide entrenched systems of political and economic oppression. 'Cultural comparison' then—the project of taking such units, problematic in themselves, and submitting them to a further process of simplification and abstraction in order to render them commensurate for juxtaposition and analysis—seemed almost beyond redemption.

Yet the project of comparison has not disappeared from the Anthropological horizon, although its contemporary practice is for the most part quite changed in scope. In one instantiation, described as "critical comparative ethnography" (Hirsch et al. 2010, 35), teams of anthropologists are encouraged to compare not 'cultural traits' but the effects of similar global processes upon different locales. Ethnography is seen as well-suited to providing grounded accounts of how global forces, e.g. the implementation of neoliberal forms of governance, might impact divergent life-worlds in analogous ways, while also bringing into relief site-specific differences.

A second and related movement emerges from Anthropology's embrace of multi-sitedness as a viable research methodology, and its consequent re-working of the notion of the field site. Abandoning the bounded field site for an investigation of open-ended and frequently multi-national 'networks' or 'routes', theorists of multi-sited ethnography tend to adopt metaphors of 'following' or 'tracing' to describe their research method (Marcus 1995; Falzon 2009; Coleman 2011). Bounded sites get re-imagined as open networks, and thus lose their aura of opposability, even as they are imagined as platforms for the enactment of differentiation. 'Following' further emphasizes the mobility of actors and ideas, which undermines the tendency to depict informants as being the exclusive representatives of a given locality.

Thus, multi-sited ethnography invites us to recalibrate comparison by refusing to privilege geography as the main organizing trope for such analysis. Attention instead turns to 'nodes' within distributed networks—micro-sites comprising particular constellations of actors, infrastructures and discourses—where the work of differentiation or homogenization, innovation or iteration, takes place. Nodes within a network can be juxtaposed for the purpose of comparing the processes they accomplish. Such nodes may emerge within the same geographic locality or they may span wide geographic spaces. The point is that the axes of comparison between 'nodes' are predicated upon productions of difference that arise in the field, as opposed to being imagined and imposed upon our analysis in advance.

'Critical comparative' and 'multi-sited' ethnography thus both suggest related directions for the recalibration of comparison. They encourage us to shift attention towards processes away from traits; and to let the contours of those processes define the axes of comparison in our analyses. They also bring into focus the production of both continuity and difference within the global theatre. In this way, they diminish the tendency towards reifying appearances that Anthropologists have long noted with cultural comparison.

How did this recalibration of comparison unfold in my investigation of tactile training within shiatsu therapy? There were two main ways: first, deploying the strategy of attending especially to *local differences* while in the field; and second, of 'following' these differences to produce a mapping of contrasts and continuities which collectively comprise my 'site'. These are hardly radical ideas in themselves, yet following through on them did lead to some radical revisions of my framework of analysis: they enabled me to elude the baggage of assumed East-West difference, for one, and also led me to re-define the very object of my analysis.

The main analytic strategy I set for myself while in the field was to attend to local difference: I was advised, before my departure, to "think difference, like Geertz's turtles, all the way down" (T. Sanders, personal communication)². This was presented as one way to guard against importing pre-fabricated assumptions into my analysis; I can see now that I was being asked to see difference as in a sense constitutive of my 'sites.'

² The reference is to Geertz (1973, 29)'s discussion of the infinite regress problem in cosmology in *The Interpretation of Cultures*.

Making the effort to attend to difference once in the field was helpful, because it nudged me to ask different questions and to seek out more voices than I otherwise might have, had I confined myself to those I felt had the most to teach me about 'tactile practices in anatomical shiatsu.' On the one hand, attending to difference meant recruiting a diverse pool of informants, and seeking out transnational actors who were involved in each of my sites. From the Japanese-born and trained therapist who maintains clinics in both countries; to the Brazilian-born watchmaker-turned therapist and teacher, who emigrated to Toronto and eventually took up shiatsu in a gamble to find a more fulfilling and possibly lucrative career, and who now spends part of the year teaching in Brazil; to the Vietnamese entrepreneur who studied in Japan and returns annually for continuing education, which she repackages when she returns to Hanoi for graduates and current students in her shiatsu school, the first in her country—such informants were there to be found. Their mobility and ability to act within diverse social worlds as both possessors and transformers of shiatsu knowledge helped me to think of shiatsu as something that is made and remade through agencies such as theirs, agencies which always have the potential for expression beyond the boundary of one given locality.

On the other hand, attending to difference also meant questioning whether common descriptions of shiatsu did not in fact mask diverse ways of enacting the practice. While my initial assumption—that shiatsu in Japan, as a regulated paramedical profession, is primarily imagined and practiced as an anatomical therapy—was correct, the diversity I found within this ontological framework did surprise me. In speaking to local therapists with diverse training backgrounds, I learned about historical differences in the development of shiatsu between, for example, the Kantō and Kansai regions of Japan. These orientations—a greater influence of anma techniques and perspectives in one, versus chiropractic therapy in the other—resulted in notable differences in how the 'anatomical body' was grasped and ministered to clinically.

This showed me that tactile practice could not be thought of as simply being derived from one's clinical ontology—there were other factors at work, and elucidating those factors became a new focus of my investigations. I also realized that the Kansai-Kantō dyad is, like the East-West dichotomy, a historically powerful framework that may do as much to elide local difference as it does to reveal regional contrasts. Thus, while I could not simply take it at face value, I did investigate this assumed difference by expanding

the scope of my research to include visits to schools and clinics in Tokyo. What I found through doing this would help me to re-envision much of the history of shiatsu as I had learned it from English sources, which have unselfconsciously tended to propound a very 'Kantō-centric' model of shiatsu.

This was an example of 'following' local differences to produce the mapping of my site. By identifying several 'nodes' which helped to define various axes of comparison, my study began to look very different than a straightforward comparison of shiatsu in Canada and Japan. I will briefly describe the four such main axes of comparison that structure my ethnography, and which bring into focus productions of difference and continuity in shiatsu therapy within the global theatre.

From 'Sites' to 'Nodes': Mapping Axes of Comparison

The first axis of comparison, as already mentioned, emerged between the Kansai and Kantō regions of Japan, which was localized in the form of a particular vocational school in each setting, which became 'nodes.' These two nodes had much in common, yet they also exhibited significant differences. In terms of continuities, they were both structured by the same legislative frame for vocational training in shiatsu therapy, and their curricula were nearly identical in terms of the hours of concentration dedicated to particular health sciences. Students made use of similar explanatory models and the same foundational studies when explaining how they believed shiatsu functioned to promote overall bodily health and recovery.

Yet each node also advocated quite significantly different models of shiatsu in terms of therapist comportment and bodily practice. The Kantō school ('Kantō Shiatsu College,' KSC) advocated floor treatments with an emphasis on gentle, sustained and comfortable pressure, while at the Kansai school ('Kansai School of Acupuncture & Massage,' KSAM) treatments were exclusively done on special treatment tables, and the pressure application was of a shorter duration and somewhat sharper for the receiver. Upon closer inspection, these divergent practices could be seen to reflect variations in the 'clinical body' that students were taught to engage with at each school, differences which themselves derived from the relative valuation and integration (or de-valuation and displacement) of classical anma therapy into shiatsu techniques at each school.

At KSC, assessment through the touch of the therapist's thumb, in conjunction with mapped and named 'shiatsu-ten'—specific treatment points which represented a rationalized re-interpretation of classical acupuncture '*keiketsu*'—helped to guide student therapists through clinical treatment. This drew in part upon historical modes of palpation and clinical discernment that have long been features of Japanese acupuncture and anma therapy. KSAM however had abandoned such clinical models and assessment practices in favor of an approach that was more strongly informed by American chiropractic therapy. This had resulted in a tactile practice that tended towards more overt manipulation of joints and the spine in addition to its more 'thrust-like' treatment of soft tissues.

There were thus 'local histories' of synthesizing various clinical models and assessment techniques that had led to the development of discrete 'styles' of shiatsu in each node. Correspondingly, each school articulated its own historical narrative to account for how shiatsu had emerged in the early 20th century. KSAM proposed an account which recognized the historical diversity of manual therapy styles which came to coalesce under the term 'shiatsu' beginning in the 1920s; KSC's narrative took the form more of a quasi-mythical account of its own founder's biography, and depicted him as a driving figure, even the 'originator' of shiatsu therapy, glossing over its polyglot origins. It is this latter narrative, along with its clinical models and style of embodied practice that has had the most significant impact upon the contours of shiatsu in the global theatre. This finding helped to shape the second axis to emerge in my project.

This second axis emerged as I followed a path back to Toronto, tracing the movements of a KSC graduate who had immigrated to Canada and had gone on to found a 'sister school' in Toronto's east end. An exemplar of the global actors whose agency is a critical dimension of shiatsu's global re/production, Komura-sensei (a pseudonym) expressed a strong loyalty to his teachers and the school founder in Tokyo, and sought to impart to his Canadian students a high-quality training in what he termed "authentic shiatsu as developed by its originator." The very name of his school, 'Tokyo Shiatsu Institute' (TSI), reflected its affiliation with KSC, the main shiatsu school in Tokyo.

Thus, despite the geographical distance between the KSC and TSI, these two nodes did not lend themselves to easy juxtaposition in terms of 'East vs West' when the clinical models and embodied practice of shiatsu were concerned. Stylistically, shiatsu was

expressed in very similar ways between the two settings, such that it could be thought of as being almost continuous. Yet this continuity helped to bring into relief other differences—mainly political ones which structured the educational and professional theatres of shiatsu in each node—which did operate across and Japan-Canada divide, and which became important lines of investigation in their own right. As mentioned earlier in connection with my discussion of ‘critical-comparative ethnography,’ these differences reflected processes, not traits.

A principal example concerned the legislative frames which governed the professional practice of shiatsu in each locale. In Japan, shiatsu is a paramedical profession whose practitioners are nationally licensed, and whose treatments in certain circumstances may qualify for coverage by state health insurance. The students I spoke with tended to take pride in their professional credentials, and to differentiate themselves from unlicensed practitioners of other remedial therapies. In Canada however, where healthcare regulation and health insurance are managed provincially, shiatsu is simply one more such unlicensed profession in every provincial jurisdiction. Years of efforts to achieve regulation for shiatsu in Ontario have been unsuccessful. This lack of strong regulatory oversight opened the door for schools to arrange their own curricula for professional training, with widely varying standards. Some schools promised diplomas after 160 hours of training; others such as TSI, after 2200 hours.

The uneven educational and regulatory environments that structured each node opened a path for comparative investigation which did cut across ‘East-West’ lines. Yet here, ‘professionalization in anatomical shiatsu’ is taken as the ‘global process’ which is inflected differently in the two distinct locales. For example, students at TSI understood that upon graduation, they would need both to promote a distinctive ‘standard’ of shiatsu (compared to shiatsu graduates of other schools), as well as contend with shiatsu’s non-privileged location within Toronto’s medical marketplace. These two constraints were felt to require of graduates a large investment in promotional and educational ventures geared towards members of the public—particularly those customers who could afford to pay for treatments on their own. This tended to lead TSI graduates to gear their services towards a moneyed and cosmopolitan clientele within the large ‘Complementary and Alternative Medicine’ sector in Toronto. At KSC however, students were aware of a number of legitimized pathways open to them upon graduation, particularly that of specializing in

treatments for the elderly (whose treatment expenses would be at least partly subsidized under the national health insurance). Given Japan's aging population, this ready-made market seemed likely only to expand, which provided students there with a sense of confidence, and less of a perceived need to engage in debates over shiatsu styles, or to engage as closely with 'alternative medicines.'

Thus it is clear that shiatsu occupied somewhat different locations in the medical marketplaces of Toronto and Tokyo. As mentioned previously, these two examples show that this is at least in part due to the effect of divergent regulatory regimes upon the professional lives of shiatsu students post-graduation: they describe the effects of politico-economic processes, not stable 'cultural traits.' Such an instance of 'East-West' difference, grounded as it is in contingent histories of legal and political practice, avoids the charge of essentialism. It opens up a valid axis of comparison, and introduces points of disjuncture between the two nodes (TSI and KSC) that strive for such continuity.

Yet to be sure, there were also significant cultural differences within the medical marketplace of each node that were reflected in the assumptions that customers brought to their sessions, and that some students brought to their training. A number of TSI students pointed out to me a common conception among their first-time Toronto clientele, namely that shiatsu was (in the words of one recent graduate) "a kind of Oriental magic." Many felt the need to explain to their patients that shiatsu was a "strictly anatomical therapy"—as a corrective to a fairly widely-circulating assumption to the contrary.

Such an assumption bears the unmistakable imprint of classic East-West dichotomizing, where the 'East' is rendered exotic and is juxtaposed against a rationalized 'West' (Clarke 1997). While I was doing my utmost to prevent such notions from overtly structuring my own study, they nonetheless did emerge in the discourse of my informants in a number of ways, as I will explore in the final section of this paper. Yet uncovering this imaginary through the critical voices of my TSI informants reinforced for me that such an understanding, while present within the Toronto community of practitioners and patients, was not uncontested.

Attention to how, precisely, this contestation occurred, enabled me to see multiple nuances and ways of articulating non-anatomical models of shiatsu, from the 'magical' to the technical. This diversity exceeded the simple tropes of 'exoticism' or 'psychologism,' (although these two were also both in evidence). Tracing this diversity in meaning helped

to define the next set of comparisons between nodes within my site. While I do not have the space here to spell these out in as much detail as the previous two, I will sketch them in broad outline.

First, within Toronto, the relaxed regulatory climate, an object of some consternation within the TSI community, had enabled a diverse array of meridian (*keiraku*)-based styles of practice to emerge and to lay claim to the term 'shiatsu.' Meridians, at present not empirically validated or measurable, were effective constructs for people to explore and express various forms of tactile sensitivity and embodied intuition, enabling them to articulate and focus upon a wide range of clinical perceptions. The diversity was bewildering—from therapists who claimed to be able to touch the body and discern their patients' emotional distress, to therapists who imagined meridians as closely related to the myofascial system, to those who felt that meridians and ki-energy were the primary reality of which the physical body was only a reflection. To help manage this diversity, I took advantage of a summer seminar that attracted a number of teachers and practitioners of different meridian styles to provide a snapshot of the multiple ways that the clinical body could be re-imagined (and the sense of touch differently calibrated) in schools that emphasized meridian approaches. This became my next node. There were numerous lines of comparison within the node of the summer seminar itself, lines which could also be extended to compare with my findings at TSI, and at the two schools in Japan.

From the summer seminar, I also traced a link to the final node I consider in my study, a non-vocational school in Kyoto in which shiatsu is imagined as one of a suite of self-cultivation practices aligned with Pure Land Buddhist philosophy. This 'Sangha School,' whose teachings promoted the most radical ontological challenge to the anatomical body in my sample (by seeing the physical body as a reflected manifestation of a more subtle realm that could be experienced through meditative practice), advocated a mode of clinical touch which likewise challenged some of my foundational assumptions about 'tactility.'

This node further helped me to see that the anatomical model of shiatsu was also contested in Japan. I learned that there was a small coterie of teachers across the country who advocated meridian or 'ki' ('energy' or 'spirit')-based approaches to the body. For the most part however, their teaching was driven outside of the institutional structures approved by law, and this impacted their ability to promote their particular methods and

teachings. In fact, the Sangha School had recently been threatened with legal action by a professional shiatsu association, and had thus changed the name of its teachings to 'Ki Therapy' in response. Having challenged my ontological assumptions, and having afforded me this latter insight which helped to situate my study of tactile practices within political economies of state healthcare regulation, the 'Sangha School' also brought my project back to Japan.

This completed a ring-like movement through the various nodes which had come to comprise my site: a movement from Kyoto to Tokyo; from Tokyo to and within Toronto; and back to Kyoto. This movement, which emerged by uncovering and tracing localized productions of difference, disclosed multiple fronts for comparison which collectively undermined any case for framing my project along the lines of premised 'East-West' difference. While the diversity of meridian styles in Toronto might seem to corroborate the generalizations proposed by the earlier-mentioned social science researchers of Asian medicines (e.g. Warrier 2009), who argue that Asian medicines are generally rationalized and remedial in their countries of origin while being psychologized in the West³, it was clear that shiatsu was both rationalized and spiritualized—in other words, contested—in both geographical locations. This state of affairs could be more satisfyingly accounted for by political histories—processes—than by essentializing accounts of 'East-West cultural difference.'

‘Worlding’ Shiatsu Therapy

What did this ringlike movement of locating and disclosing multiple productions of difference and lines of comparison accomplish for my project? First, it encouraged me to try re-imagining the site for my project such that the two geographical settings comprise one site analytically. Here I try to think *through* the sites as opposed to juxtaposing them (Zhan 2009, 8). Shiatsu as a transnational phenomenon is an unruly ‘object’ that has contours as an ideational as well as institutional space, and as a commoditized social practice of attending to others via touch. It is implicated in diverse projects of subject and community formation, as well as in movements seeking to attain or to consolidate legitimacy within multiple legislative frames. This study has to be grounded

³ Warrier has since recognized this and revised her earlier claims: see Warrier 2014.

somewhere—no study could reasonably speak about these different facets in all contexts of the world where shiatsu is practiced—and so my ‘site’ is grounded in such a way that it has two geographical loci, within which are multiple nodes. These nodes are where acts of transfer, translation and transformation in meaning and mode of practice occur.

Seeing each node as in a sense porous—transected by mobile actors—and as constituted in part by multiple productions of difference, helps to disrupt the tendency to imagine each node in terms of static notions of East-West difference. Of course, contrasts between geographical nodes remains one axis around which certain differences get produced, but it is not the only one, nor need it necessarily be privileged at all times. Thinking translocally means taking localized socio-historical patterns seriously, but also attending to how some of those patterns get reproduced in emergent forms of global connection.

In addition to reflecting on how the meanings of terms and practices get negotiated in translocal encounters, taking difference seriously helped me to de-center a few fixed objects that originally shaped my thinking about my project. One was the notion of bounded and contrasted sites as mentioned above. Yet shiatsu as a clearly demarcated object of analysis also gets disrupted when attending to the diversity of ways it is imagined and its meaning re-negotiated. Its multi-faceted presentation and distributed extension undo metaphors of the travelling, bounded system of localized knowledge. If there are no bounded sites, and no bounded object to traverse space between them, then ‘travelling’ as a metaphor for knowledge transmission seems inadequate. Mei Zhan makes exactly this point when she describes her struggle with “the out-of-China narrative that seems to haunt the mapping of Chinese medicine” (Zhan 2009, 19). She proposes instead the notion of *worlding*: “the ethnographic account of translocal movements, displacements, and reconfigurations ... of specific world-making projects” (Zhan 2009, 7) such as Chinese medicine in her case, shiatsu in my own.

Zhan invokes Latour in her call to “to think of spatio-temporalities as the product of particular actor-networks of people, things, discourses and institutions—each of which ... may lead to new bifurcations or ruptures or become origins of new translations” (Zhan 2009, 19). Thus the spatial mapping of the East-West dichotomy is not something that should be assumed to structure the field; rather it emerges within the field, along with multiple other forms of mapping and differentiation, in which actors negotiate and help

to produce the meaningful boundaries within which they pursue their projects.

These projects unfold within imagined worlds, and are themselves prominent means through which such worlds get stabilized and extended. This felt to me a bit like peering through the opposite end of a looking glass—from thinking of shiatsu as a discreet method which changed as it moved across the globe from Japan to North America, to seeing shiatsu as a way of charting how global spaces get connected and imagined in the ongoing elaboration of a discursive and embodied practice. Shiatsu more as a source of meaningful mappings than as something to be mapped itself (cf Zhan 2009, 22).

What follows are two very brief sketches of how two different informants of mine are ‘worlding’ shiatsu, traversing boundaries as they carry shiatsu into new settings. One does so by travelling to support a growing global community of his own students; the other by involving himself in various forms of community-building initiatives which seek to insert shiatsu into ‘complementary care’ spaces within biomedical milieus. In particular, I am interested in how the East-West dichotomy, which I am trying to avoid in my own work, is reproduced within their projects of shiatsu worlding.

For example, Kato-sensei (a pseudonym), the head teacher of the Sangha School mentioned previously who also had the reputation for being an exceptional healer, had started attracting both local and foreign students to his studio in the mid-1990s. His teaching emphasized a meditative framework for understanding and perceiving meridian flows, and stressed the historical Taoist roots of East Asian medical theory. His European and North American students helped him to publish a translation of his book in English, and he soon had an international profile as a teacher, travelling abroad to give workshops.

He described how teaching non-Japanese students was challenging. Language of course was a barrier, but the biggest barrier he found was “faith”—or lack of it. “He was always saying, ‘To do Eastern medicine, you need to have faith in your teacher and that this is harder for Westerners than for Japanese,’” one of his early students recalled. Frequently in his writings, ‘Western medicine’ and ‘Western culture’ are treated almost synonymously, and ‘Western students’ are assumed to bear these imprints in ways that are troublesome for learning good shiatsu. Meanwhile the ‘East’ has associations which include the Taoist and Buddhist philosophical heritage, as well as certain embodied dispositions when inhabiting the student role which were more readily accessible to his Japanese students.

Of course, studies have documented different approaches to learning and teacher-student relationships in Japanese school classrooms (e.g.; Hyland 1993; Hammond 2007) and pedagogical practices more broadly (Singleton 1998) when compared with similar institutions in North Atlantic countries. There is meaningful cultural difference to be described here—but in the teacher’s practice such difference gets dressed in broad-stroke essentialist terms which import a range of additional associations⁴.

Yet in spite of these categorical assumptions, Kato-sensei has continued his involvement with overseas students, and thinking about how to meet their needs has led him to be quite innovative. He credits his non-Japanese students with forcing him to articulate his ideas more clearly, and to find ways of “experientializing” his teachings so that they are more readily graspable. This led him to develop a series of exercises and partner-practices that now form the core of his curriculum wherever he teaches. In the recent classes of his which I have attended, this East-West essentializing was much less overt. Engagements with his students have also led to trips to Palestine, which prompted him to become involved in peace activism, something now actively promoted within his community of students through volunteer fund-raising activities.

Another shiatsu therapist whom I will call Adam, U.K.-born and now resident in a suburb of Toronto, is a passionate shiatsu advocate and community organizer. He finds earning a living from shiatsu alone to be a struggle; yet he still finds time to volunteer in a number of capacities, often using his shiatsu skills in his volunteer efforts. He has a particular interest in providing support to the parents and caretakers of children with disabilities, and has helped to shape and publicize a grassroots movement in which bodywork therapists volunteer their time to “Care for the Caregivers.” He has also introduced shiatsu and qi gong into hospital settings and long-term care facilities, both for patients/residents, as well as for nurses and staff, and has collaborated on research projects measuring the effectiveness of these modalities for patient rehabilitation.

⁴ Interestingly, I heard another shiatsu teacher who also enjoys an international profile make a related comment, although he qualified it by saying that his German students seemed most able to learn and study his system effectively than students in Canada, something he attributed to a stronger artisanal tradition in Germany. This teacher too struggled with the question of how to transmit his method abroad, and fixed upon differences in the cultural expectations of teachers and students as one main site of his difficulties.

In the course of our interview he said to me, “My whole life feels like an exercise in trying to marry East and West.” He said this while describing his conviction that the whole-person orientation (which he felt was central to shiatsu) had an important contribution to make in a health care system premised on a reductive approach to people and their problems. The “marriage of East and West” is of course a classic Orientalist trope; in Adam’s usage it signaled a set of projects concerned with balancing instrumental and bureaucratic rationality with more caring-centered initiatives.

In both of these brief sketches, we can see different shadings of the East-West dichotomy being deployed towards diverse ends. ‘East’ comes to signal a variety of things: shiatsu as an expression of historical Japanese values and resources for attending to illness; discourses of holism and spirituality which might be more aligned with ‘New Age’ ideologies than Japanese theory; a Romantic repudiation of instrumental reason and a concern for person-centered care-giving; and as a tool for trying to articulate and contend with legitimate cultural differences as they arise in efforts to shape a global movement and to engage successfully with students from diverse backgrounds.

It is not my intention here to be an apologist for my informants’ use of Orientalist tropes, but simply to trace some of the different ways in which such concepts emerge in their practices. It has been interesting for me to see the reflexivity of some therapists in this regard, and also to see the diversity of ways in which the East-West dichotomy can function as a heuristic device for practitioners, a resource with which they can articulate their positions during their border-crossing forays—whether in tending to a transnational student community, or in engaging with biomedical practitioners and institutions. These are both examples of “worlding”: how imagined pasts and sought-for futures animate the production of new communities and forms of shiatsu practice.

Conclusion

The effort to avoid reproducing orientalist ‘East-West’ imaginaries within both the composition of my field site and the structure of my analysis led me to ‘recalibrate comparison’ by attending to multiple productions of difference and tracing the lines of comparison that they generate. This has had numerous consequences for the final shape of my dissertation project. It has led me to shift my attention from bounded places to open

processes that unfold within particular constellations of actors and infrastructures that I term ‘nodes.’ These nodes are transected by actors who are mobile, and so the nodes themselves are porous and ‘extendable’ across geographical spaces. By highlighting both differences and continuities across nodes, multiple lines of comparison emerge which disrupt assumptions of essentialized ‘East-West’ difference. Such attention to ongoing productions of difference/continuity not only diminishes the tendency to import static Orientalist assumptions into my analysis, but it also reminds me of the instability and multiplicity inherent in the “object” of my analysis, shiatsu therapy. My focus on tactility has been reworked as well on account of this, as I have come to see how tactile practice emerges through, and helps to shape, diverse projects of worlding.

A worlding approach invites me to bear in mind that common-sense terms and large-scale analytics can obscure more than they reveal, invoking a smoothness that masks the unevenness and multiplicity of the various encounters through which shiatsu is reproduced and its meanings and possibilities are renegotiated. By tending closely to these encounters, I can see shiatsu as a field in which forms of discourse, embodied practice and various political and social projects are deployed in the construction of social worlds. These social worlds are not well understood by starting from an assumption of essentialized cultural difference; rather, they emerge more clearly through the tracing of the multiple axes of difference which emerge in situated practice. ‘East/West’ is of course one such axis which emerges repeatedly in the discourses of my informants. I propose that one way such persistence can be taken seriously and investigated, without necessarily entangling my own analysis, is by attending to the diversity of ways it is deployed in the multiple worlding projects which collectively define my site.

References

- Abu-Lughod, L. 1996. *Veiled sentiments: Honor and poetry in a Bedouin society*. Berkeley: University of California Press.
- Adams, G. 2002. Shiatsu in Britain and Japan: Personhood, holism and embodied aesthetics. *Anthropology and Medicine* 9, no. 3: 245-268.
- Barnes, L. 1998. The psychologizing of Chinese healing practices in the United States. *Culture, Medicine and Psychiatry* 22, no. 4: 413-443.
- Beresford-Cooke, C. 2003. *Shiatsu theory and practice: A comprehensive text for the student and the professional*. London: Churchill-Livingstone.
- Coleman, S., and P. von Hellerman., eds. 2012. *Multi-sited ethnography: Problems and possibilities in the translocation of field methods*. New York: Routledge Curzon.
- Falzon, M. A. 2009. *Multi-sited ethnography: Theory, praxis, locality in contemporary social research*. Burlington Vermont: Ashgate.
- Geertz, C. 1973. *The interpretation of cultures*. New York: Basic Books.
- Hammond, C. 2007. Culturally responsive teaching in the Japanese classroom: A comparative analysis of cultural teaching and learning styles in Japan and the United States. *Journal of the Faculty of Economics KGU* 17: 41-50.
- Hirsch, J. S., H. Wardlow, D. J. Smith, H. M. Phinney, S. Parikh, and C. A. Nathanson. 2010. *The secret: Love, marriage, HIV*. Nashville: Vanderbilt University Press.
- Hsu, E., and E. Hoeg. 2002. Countervailing creativity: Patient agency in the globalization of Asian medicines. *Anthropology and Medicine* 9, no. 3: 205-221.
- Hyland, K. 1993. Culture and learning: A study of the learning style preferences of Japanese students. *RELC Journal* 24, no. 2: 69-87.
- Lock, M. 1980. *East Asian medicine in urban Japan: Varieties of medical experience*. Berkeley: University of California Press.
- Long, A. 2007. *The effects and experience of shiatsu: A cross-European study*. Leeds: University of Leeds, School of Healthcare.
- Okutsu, T. 2006. Japanese acupuncture and moxabustion under the rule of GHQ after World War 2, Part 1. *The Journal of Kampo, Acupuncture and Integrative Medicine* 1, no. 1: 127-131.
- Marcus, G. 1995. Ethnography in/of the world system: The emergence of Multi-sited

- ethnography. *Annual Review of Anthropology* 24: 95-117.
- Robertson, J. 2005. *A companion to the anthropology of Japan*. Malden, MA: Blackwell.
- Ryang, S. 2004. *Japan and national anthropology: A critique*. London: Routledge Curzon.
- Scheid, V. 2002. *Chinese medicine in contemporary China: Plurality and synthesis*. Durham: Duke University Press.
- Shimizu, A. 2006. West/Japan dichotomy in the context of multiple dichotomies. In *Dismantling the east-west dichotomy: Essays in honour of Jan van Bremen.*, eds. J. Hendry and H. W. Wong, 17-21. New York: Routledge.
- Singleton, J., ed. 1998. *Learning in likely places: Varieties of Japanese apprenticeship*. New York and Cambridge: Cambridge University Press.
- Taylor, K. 2004. Divergent interests and cultivated misunderstandings: The influence of the west on modern Chinese medicine. *Social History of Medicine* 17: 93-111.
- van Schendel, W. 2002. Geographies of knowing, geographies of ignorance: Jumping scale in southeast Asia. *Environment and Planning D: Society and Space* 20, no. 6: 647-668.
- Warrier, M. 2009. Seekership, spirituality and self-discovery: Ayurveda students in Britain. *Asian Medicine: Tradition and Modernity* 4: 423-451.
- Warrier, M. 2014. The professionalisation of ayurveda in Britain: The twin imperatives of biomedicalisation and spiritualisation. In *Asymmetrical conversations: Contestations, circumventions and the blurring of therapeutic boundaries.*, ed. W. Sax, (Series: 'Epistemologies of Healing'). Oxford and New York: Berghahn.
- Zhan, M. 2009. *Other-worldly: Making Chinese medicine through transnational frames*. Durham: Duke University Press.

指圧治療を地球規模で考える ——比較民族学研究における東洋と西洋の二分法の回避

要旨

社会科学において、アジアの医療は、一方的な「西洋化」で画一化するグローバル化の初期モデルに対する有力な応答として出現してきた。それとともに、そうした医療は、グローバルな文化的流動が多方面にわたっていること、また「西洋の残り」という枠組みのもとに同化され得なかったことが証明されている(Hsu and Hoeg 2002; Scheid 2002)。それでもなお、民族学者や社会学者がグローバル化するアジアの医療に関する知識の伝達や文化的適応における問題に注意を向けるにつれて、ある特定のパターンが一般的に観察されるようになった。すなわち、アーユルヴェーダや指圧、中国医学などの医療実践は、それらの本場においては急速に合理化されてきた一方で、北米やヨーロッパの文脈においては、しばしば心理学的に分析され、霊的な意味が付与されてきたのである (Barnes 1998; Adams 2002; Taylor 2004; Warriar 2009)。そのようなパターン化は非常にもっともらしいが、もしそれが分析的な枠組みとして採用されてしまうと、二分化された東西の差異という点で、グローバルな土壌を構築するオリエンタリスト的な言葉の綾を再刻印する作用を果たすことになるであろう。

本稿では、カナダと日本の指圧治療の訓練生を対象とした、筆者自身の多角的な民族学的研究を用いることにより、幾つかの分析的なアプローチを検討する。本研究の分析は「東西の」境界を跨ぐ多角的なフィールドワーク研究における問題に取り組む一助となるであろう。特に、調査現場の中で、あるいはそれ以外の場で生起する多様な差異に注目することによって、比較を再調整する方法について言及する。さらに、筆者のインフォーマントによって明確に示された東洋・西洋の二分法に関する多様な具体例や、それらが継続的かつグローバルに産出され(また変容する)指圧治療にとっていかに鍵となっているかを説明するうえで、Mei Zhan (2009) による「世界的視野から捉える」(worlding) という考え方をを用いる。そして、このような方法によって、本稿は、はたして研究者自身が無批判的にそれぞれの分析の中で再現するかどうかは分からないが、彼らが、彼らのインフォーマントにとっての東西二分法のような明らかに推論的な構築物にたいして、敏感であり続けることを可能にするような戦略について述べる。

キーワード：東西二分、多角的な民族学、文化比較、世界的視野から捉える、グローバルなアジアの医療、指圧治療